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APPLICANTS

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** CONTINUING DATA ***** *No*** FOREIGN APPLICATIONS ***** *Yes*
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verifier and Acknowledged <i>W.M. Miller</i> Examiner's Signature	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 1	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
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TITLE

Image control system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT RECEIVED 740	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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